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530 7590 02/29/2008

LERNER, DAVID, LITTBENBERG,
 KRUMHOLZ & MENTLIK
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 WESTFIELD, NJ 07090

05/28/2008 HUONG2 00000010 121095 10782982

01 FC:1504 300.00 DA
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10782982	02/20/2004	Rafail Zubok	SPINE 3.0-454	7133

TITLE OF INVENTION: ARTIFICIAL INTERVERTEBRAL DISC HAVING A BORED SEMISPERICAL BEARING WITH A COMPRESSION LOCKING POST AND RETAINING CAPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$20 / 1440	\$300	\$0	\$100 / 740	05/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, CHERYL L	3738	623-017140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LERNER, DAVID, LITTBENBERG,
 2 KRUMHOLZ & MENTLIK, LLP
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SpineCore, Inc.

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date May 28, 2008

Typed or printed name Arnold H. Krumholz

Registration No. 25,428

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FACSIMILE TRANSMISSION

ISSUE FEE TRANSMITTAL AND
PUBLICATION FEE

ATTORNEY DOCKET NO.: SPINE 3.0-454

APPLICATION NO.: 10/782,982

CONFIRMATION NO.: 7133

MAILING DATE OF NOTICE OF ALLOWANCE: February 29, 2008

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

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on May 28, 2008
Date


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Arnold H. Krumholz; Reg. No. 25,428
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